

EMERGENCY

ADMISSION DATE 4/12/05		TIME 1320 <small>AM PM</small>	ORIGINATING FACILITY Ventress		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES Keflex			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.8		ORAL RECTAL	RESP. 18	PULSE 84	B/P 124/86	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS I - no medical complaints voiced at this time!			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
			<p style="text-align: center;">PROFILE RIGHT OR LEFT</p> <p style="text-align: center;">RIGHT OR LEFT</p>			
A - Doc Body chart						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT P - Sick call PRN						
DISCHARGE DATE 4/13/05		TIME 1345 <small>AM PM</small>	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE J. Smith		DATE	PHYSICIAN'S SIGNATURE		CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) Banner, Clifford			DOC# 208359	DOB 2/19/69	R/S B/m	FAC. VCF